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ABSTRACT

This paper describes a course called the Psychosocial Component in Health Education, which is offered as part of the health education program at the State University of New York at Buffalo--a graduate program for school and community health educators. In this particular 16-week course, students must write a research paper on one specific health problem and then devise a 10-week instructional unit which tries to solve the problems uncovered by their research. These problems must deal with the psychological or sociological aspects of health behavior rather than with physiological ones. While the students are taking the course, they are simultaneously enrolled in a field study course where they teach the unit they develop. At a certain point in the course students form four-member health support teams in which they discuss health issues and prescribe behavior for one another for improved health. The thrust of the course and the program is that students must actively apply knowlege if college courses are to be meaningful. (CD)

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TEACHING STRATEGIES FOR MENTAL HEALTH*

by

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The is-ought dichotomy has often applied to colleges and universities. This dichotomy separates what is from what ought to be; that is, reality from idealism. Programs preparing prospective teachers have rightfully been accused of studying the world of education from antiseptic college classrooms, while seldom bothering to apply learning acquired in this manner to the elementary or secondary school setting. This paper will describe a health education program conducted at the State University of New York at Buffalo designed to provide for the application of learning to real life situations. In particular, a course concerned with mental health and entitled the Psychosocial Component in Health Education will serve as an example of the philosophy of the program; namely to apply knowledge to actual settings.

Before the mental health course is detailed, its relationship to the other aspects of the health education program must be understood. The program is a graduate one resulting in certification, a masters degree or a doctorate in education. Both school and community health educators are enrolled with some experiences common to both groups, while other experiences are unique to one or the other. The student is required to complete several foundations courses prior to enrolling in the applications area course work. In the applications area is included a Psychosocial Component in Health Education course as well as a Physiological Component in Health Education course. A field study course must be taken concurrent with each of these component courses. This procedure allows for the application of knowledge acquired in the component classes to an actual setting, be that a school or a community setting, via the field study requirements.

Now to describe the Psychosocial Component in Health Education course (which I shall refer to as mental health) in some detail. The objectives of this course relate to studying psychological and sociological factors which relate to health behaviors, means of measuring these factors, and ways in which

a health educator might use knowledge of these psychological or sociological factors in an instructional setting. To accomplish these objectives each student is required to develop a Summary of Studies and an Instructional Unit which relate to either psychological or sociological correlates to health behavior.

The Summary of Studies is a written paper which describes reported studies of empirical research related to one particular health behavior. For example, one student chose to investigate drug abuse behavior and reported in her Summary of Studies descriptions of research which concluded that drug abuse was related to poor self-esteen, high alienation, peer group pressure, etc... It should be noted that self-esteem, alienation, and peer group pressure are psychological or sociological in nature. In the mental health class, a Summary of Studies describing research which relates to physiological factors would <u>not</u> be acceptable. The Summary of Studies must be submitted to the instructor by the fourth session of the 16 session course.

Once the Summary of Studies is completed, the student then develops an instructional unit which includes as objectives the psychological and/or sociological factors identified in the Summary of Studies. For example, if poor self-esteem is reported in the Summary of Studies to be related to drug abuse behavior, one of the objectives of the instructional unit might be to improve the self-esteem of the students. The instructional unit developed by the students must include five sections: objectives, content, learning experiences, instructional materials, and evaluation. The unit must be submitted to the instructor by the eighth session of the 16 session course, and must be designed for 10 instructional hours.

To summarize to this point then, by midway in the semester each student has studied a health behavior in terms of its psychological and sociological factors, and has developed a 10 hour instructional unit designed to respond to these psychological or sociological factors so as to effect the particular health behavior in mind.

Now how is the knowledge applied that has been acquired up to this point in the mental health class? It should be remembered that at the same time the student is enrolled in the mental health course, he or she is enrolled in a field study course as well. The field study course provides the student with the opportunity to observe several actual health education situations. During the first eight weeks of the 16 week experience, the student observes several health education programs (in schools for school health education students and in other community settings for community health education students). During these 8 weeks the student also selects a particular setting in which he or she will actually teach the 10 hour instructional unit developed in the mental health class. The teaching of this instructional unit is the means by which the learnings in the mental health class are applied in the "real world".

Our experience with this format is too new to conclude with confidence that it is working well. However, informal feedback from students seems to indicate that the opportunity to create something (the instructional unit) and test out this creation (that is, the teaching of the unit during field study) has been a rewarding experience for our students. I shall send to anyone who writes to me for one, a copy of the course outline for the mental health class.

So far I have described the first 8 weeks of the 16 week mental health class. What of the last half of that course? Well, to better meet the objectives of the course, sessions are conducted which require a great deal of student

participation. These class sessions pertain to psychological and sociological components of health education. For instance, sessions are conducted pertaining to how to develop trust between participants in health education settings, how to measure self-esteem and effect that variable, and how fear and social isolation might effect health behavior.

The most significant aspect of the last eight weeks of the mental health course, however, revolves about established permanent mental health support teams. The students organize themselves into small groups comprised of four members each. Earlier student-centered activities provide the students with a familiarity with other class members, so that by the time they are to organize into permanent mental health support teams, they know with which other students they would feel most comfortable interacting. The mental health support teams explore numerous and varied factors which are related to health behaviors. Death and dying and their implications for living, psychological needs and advertising appeals, and definitions of success and how these effect behavior are examples of topics explored. Based upon the small group interactions, students come away with prescriptions for behavior. That is, the other group members prescribe specific behaviors to the student being focused upon, so that, if these behaviors are adopted, improved mental health will result. The permanent nature of the groups allows for group members to attempt prescribed behaviors and, at future group sessions, relate the results of these attempts. At that point still other behaviors might be prescribed by the group. The closeness which results from these mental health support teams has been manifested by several teams having decided to meet outside of the class, and still others having continued to meet after the semester had ended.

I have attempted to describe to you a strategy for mental health education being utilized at the State University of New York at Buffalo. The philosophy of the necessity for applying knowledge has been operationalized via a field study experience. The process described here has implication for all levels of education and all subject matter. Knowledge that is sterile will not reproduce itself. The sequence I have described might be summarized as follows:

1) A study of research findings pertaining to one specific health behavior (i.e. the Summary of Studies).
2) The development of an instructional unit based upon those research findings.
3) The application of that instructional unit in an actual health education setting.
4) Investigation of other mental health strategies by participation in student-centered activities.
5) Development of mental health support teams.

Perhaps the best way to relate the purposes of the mental health class and the sequence just listed, is to end with the following poem whose origin is the civil rights movement in the United States. We hope that our students leave our program saying:

I'm not what I oughta be.
I'm not what I wanna be.
I'm not what I'm gonna be.
But thank God I'm not what I was.